JB DOGM S/023/015 D	RN
SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.  1. Show to whom delivered, date, and addressee's address.  2. Restricted Delivery (Extra charge)	
BOB STEELE  1055 N 400 E  NEPHI UT 84648	4. Article Number P 074 978 823  Type of Service: Registered Insured COD Express Mail Return Receipt for Merchandise  Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature — Address  6. Signature — Agent  7. Date of Delivery	8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Mar. 1988

\* U.S.G.P.O. 1988-212-865

DOMESTIC RETURN RECEIPT

## UNITED STATES POSTAL SERVICE

#### OFFICIAL BUSINESS

#### SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.





PENALTY FOR PRIVATE USE, \$300

### RETURN

TO

Print Sender's name, address, and ZIP Code in the space below.

STATE OF UTAH
NATURAL RESOURCES
OIL, GAS. & MINING

3 TRIAD CENTER, SUITE 350 SALT LAKE CITY, UTAH 84180-1203

# 074 978 823

# RECEIPT FOR CERTIFIED MAIL

INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to ROBERT STEELE Street and No. 1055 N 400 E P.O., State and ZIP Code NEPHI UT 84648 Postage Certified Fee Special Delivery Fee Restricted Delivery Fee \$/023/015 Return Receipt showing to whom the Deliv Receipt showing to whom, Date, and Address of Delivery TOTAL Postage and Fees Postmark or Date

PS Form 3800, June 1985

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8/22/91